

Lister House Surgery Wiveliscombe

Quality Report

Croft Way, Wiveliscombe,
Taunton, Somerset, TA4 2BF

Tel: 01984 623471

Website: www.wiveliscombesurgery.co.uk

Date of inspection visit: 18 October 2017

Date of publication: 01/11/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services effective?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Lister House Surgery Wiveliscombe	5
Why we carried out this inspection	5
How we carried out this inspection	5

Overall summary

Letter from the Chief Inspector of General Practice

Following our comprehensive inspection of the practice on 11 July 2017 the service was rated as requires improvement for effective and good for safe, caring, responsive and well-led services. We rated the service as good overall. We issued a requirement notice in regards to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

This focused follow up inspection was undertaken on the 18 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for providing effective services.

Our key findings were as follows:

- The practice demonstrated they were driving quality improvement in patient outcomes.
- There was enough clinical staff to keep patients safe and deliver effective care and treatment.
- Systems and processes such as safer recruitment, infection, prevention and control measures and the handling, storing and security of medicines were in place to keep patients safe.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services effective?

At our last inspection on 11 July 2017 we rated the practice as requires improvement for providing effective services. We told the practice they were not meeting the requirements for Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Following this inspection we have rated the practice as good for providing effective services. Clinical staffing numbers had improved with the employment of three additional salaried GPs and a plan was in place to continue recruitment. The staff rota and appointments system showed maximum clinical cover on most days. Additional staff such as an advanced nurse practitioner and pharmacist had been recruited into posts to optimise workflow.

We saw evidence of quality improvement including a clinical audit plan and ongoing audits to drive improvement in patient outcomes.

We saw improvements to the quality of the recruitment processes, infection prevention and control measures and to the arrangements for handling, storing and security of medicines at the branch surgery.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for effective services at our inspection on 18 October 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for effective services at our inspection on 18 October 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for effective services at our inspection on 18 October 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for effective services at our inspection on 18 October 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective services at our inspection on 18 October 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective services at our inspection on 18 October 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Lister House Surgery Wiveliscombe

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector.

Background to Lister House Surgery Wiveliscombe

Lister House Surgery is located close to the centre of Wiveliscombe about 11 miles from Taunton, Somerset. The practice has a branch location in Milverton just over three miles away, which we visited as part of the inspection. Patients could and did attend either practice. The practice serves a rural population of approximately 6800 patients from Wiveliscombe and the surrounding villages.

Data from Public Health England show that the practice had a higher than average population of patients over 65, 27%, in comparison with the clinical commissioning group (CCG) average of 23% and a national average of 17%. The population as a whole is older than the national average. In addition there are a large number of single parent families. The practice is situated in an area with less deprivation with a deprivation score of 15% compared to the CCG average of 18% and the national average of 22%.

The Wiveliscombe practice building was purpose built in 2013 with the Milverton location being constructed in the 1980's. Both practices provide a dispensing service to approximately 55% of the patient population. Milverton surgery provides a practice nurse service however the GP service was suspended due to partnership changes.

In 2016 the three GP partners took the decision to terminate their partnership. And from 1 September 2016 Somerset Partnership NHS Foundation Trust (SomPar) took over the management of the practice. The practice is managed under a separate legal entity with SomPar retaining the overall governance of practice. As part of the management of the practice, the Milverton location was undergoing a public consultation on the feasibility of the service continuing at this surgery.

Lister House Surgery currently employs seven salaried to GPs (2.75 whole time equivalent) to provide 22 clinical sessions per week and seven GP administrative sessions. In addition a GP works in a clinical management and administrative role providing a WTE of 0.6 per week and one GP provides additional musculoskeletal clinics. An advanced nurse practitioner was employed earlier this year on a full time basis to provide 10 sessions a week for telephone triage and face to face appointments. Three practice nurses are employed (equivalent to 1.92 WTE) along with 2 healthcare assistants and a lead dispenser. A pharmacist has been employed for one day per week. The practice manager is supported by an assistant, an administrative and a reception team of which some provide a dispensing role.

Currently the practice has a GP vacancy for three clinical sessions per week. This is currently filled by regular sessional GPs. A pharmacist has been employed to provide patient reviews and optimise GP workflow.

Other services provided at the location include a Village Agent, physiotherapy and talking therapies. A wellbeing

Detailed findings

advisor (as part of a test and learn for the local GP federation) provided weekly support and advice to patients with long term conditions. For example, medicine concerns and education.

Lister House Surgery is open between 8.30 am and 6.30 pm Monday to Friday; appointments are available between 9am and 6.30pm daily. Telephone lines are open from 8am Monday to Friday. Pre-bookable appointments with the practice nurses are available from 8am until 6.30pm Monday to Friday. Milverton Surgery is open on Monday, Tuesday and Friday between 8.30am until 1pm and 2pm until 5pm. On Wednesday and Thursday the practice is open from 8.30am until 1pm and 2pm until 6pm.

A weekly clinic is provided to 45 residents at a residential care home and the practice provides care for 11 patients at a local home for people living with a learning disability.

The practice has a General Medical Services (GMS) contract to deliver health care services. The locations the service operates from are Lister House Surgery, Croft Way, Wiveliscombe, Taunton, Somerset, TA4 2BF and The Milverton Surgery, Creedwell Orchard, Milverton, Taunton, Somerset TA4 1JZ.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access a local provider which provides an NHS111 and an Out Of Hours GP service.

Why we carried out this inspection

We undertook this focused follow up inspection on 18 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with the practice manager and lead dispenser
- Reviewed policies, procedures, action plans and other evidence.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the Care Quality Commission at that time.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 July 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical staffing needed improving. We also told the provider they should:

- Embed clinical audits and re-audits to improve patient outcomes.
- Maintain an ongoing infection prevention control action plan and produce an annual statement.
- Review the handling, storing and security of medicines at the branch surgery.
- Implement the necessary changes to the updated recruitment arrangements to include all necessary employment checks such as DBS checks for all staff.

These arrangements had improved when we undertook a follow up inspection on 18 October 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

There was evidence of quality improvement including clinical audit:

- An annual clinical audit plan was in place which included audits and re-audits to measure quality improvement and quality assessment such as clinical commissioning group audits for asthma and diabetes, medicine and prescribing audits and practice based audits to measure the clinical effectiveness of musculoskeletal and gestational diabetes management.
- We saw one audit was in the second audit cycle and had shown improvement in the numbers of patients who had received a frailty assessment. (A frailty assessment is a tool used to determine a person's physical and mental health which establishes their vulnerabilities). The practice was in the process of using the information to develop care plans for these patients.
- Action plans were in place to address any actions outstanding from completed audits.
- The practice undertook monthly and an annual infection prevention and control audit (IPC). As a result of the audits an annual IPC statement had been developed and a robust action plan was in place to address any areas identified as a concern.

Effective staffing

There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place.

- During our previous inspection we had been concerned about the high level of locum GP usage which equated for approximately 50% of the clinical sessions provided to patients. At this inspection we saw there were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recruited three additional salaried GPs which meant 22 of the 25 weekly GP sessions were now provided by permanent staff.
- There was a rota system in place and this was discussed at a weekly meeting. We saw the recruitment of new GPs ensured maximum coverage. The practice had a reduction in the use of regular locum GPs, but continued to use those who were known to the practice and had committed to providing regular clinical sessions to ensure continuity of care for patients.
- A succession plan was in place and two of the new GPs had expressed interest in providing more sessions. The plan included workflow optimisation to allow for increased patient access to a clinician. For example, a pharmacist who could prescribe medicines had been employed to manage changes to medicines and provide high blood pressure monitoring clinics.
- The practice had reviewed the policy and procedures with regards to the appropriate checks with the Disclosure and Barring Service (DBS) to bring them in line with Somerset Partnership Foundation Trust. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All clinical staff and chaperones now received three yearly DBS checks and we saw evidence that these had been undertaken.
- We saw the practice had implemented a satisfactory recording process for reviewing and updating professional registration with the appropriate clinical professional body, medical indemnity insurance and staff immunisations against infectious diseases. This meant the practice met the required standards to protect the public.

Medicines management

Are services effective?

(for example, treatment is effective)

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Following our previous inspection the practice had provided us with an updated policy for the management of prescriptions. The internal monitoring process for blank prescriptions was evidenced at both the main location and the branch surgery.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. Since our last inspection controlled medicines were no longer transported to the branch surgery.
- The practice had introduced a register to log movement of medicines between the practices using tamper proof systems.